

7. INSURANCE CERTIFICATION MUST BE COMPLETED. This is to certify that I have liability insurance with _____ Policy Number _____ as required by the North Carolina Financial Responsibility Act of 1957 and certify there has not been a license plate revocation.

TOTAL FEES PAID \$ _____.

8. Is the owner, partners, or any members of the corporation, listed on this application, active-duty military, a military veteran, or a military spouse? Yes or No (circle one):

If yes, complete the below information:

Name	Active-Duty Military	Military Veteran	Military Spouse
	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)
	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)
	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)
	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)
	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)
	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)

NOTICE: IF THERE IS A CHANGE OF NAME, ADDRESS AND/OR OWNERSHIP, DO NOT FORWARD THIS RENEWAL TO THE DEALER UNIT IN RALEIGH WITHOUT CONTACTING YOUR INSPECTOR.

Signature of Applicant: _____

Date _____ County _____ State _____

I certify that the following person personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:

_____ (name of principal).

Notary Signature _____ Notary Printed or Typed Name _____

(SEAL)

My Commission Expires _____